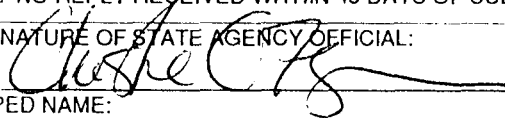



File

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">0 1 — 0 1 0</div>	2. STATE: <div style="text-align: center;">Rhode Island</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">January 1, 2001</div>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center;">Section 1902 (a) of the Act</div>	7. FEDERAL BUDGET IMPACT: <div style="display: flex; justify-content: space-between;"> <div>a. FFY 2001</div> <div>\$ 169,399 -</div> </div> <div style="display: flex; justify-content: space-between;"> <div>b. FFY 2002</div> <div>\$ 265,178</div> </div>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;">Attachment 4.19B, p. 3A</div>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <div style="text-align: center;">Attachment 4.19B, p. 3A</div>		
10. SUBJECT OF AMENDMENT: <div style="text-align: center;">Payment Methodology for FQHCS and RHCS</div>			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <div style="text-align: center;">See Attached Letter</div> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <div style="text-align: center; padding-top: 20px;"> Dorothy Karolyshyn Department of Human Services 600 New London Avenue Cranston, RI 02920 </div>		
13. TYPED NAME: <div style="text-align: center;">Christine C. Ferguson</div>			
14. TITLE: <div style="text-align: center;">Director</div>			
15. DATE SUBMITTED: <div style="text-align: center;">Mar. 29, 2001</div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">3-29-01</div>	18. DATE APPROVED: <div style="text-align: center;">4-3-01</div>		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">1-1-01</div>	20. SIGNATURE OF REGIONAL OFFICIAL: 		
21. TYPED NAME: <div style="text-align: center;">Ronald Preston</div>	22. TITLE: <div style="text-align: center;">Associate Regional Administrator</div>		
23. REMARKS:			

STATE OF RHODE ISLAND

s. Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC)

X The payment methodology for FQHCs/RHCs will conform to section 702 of the BIPA 2000 legislation.

X The payment methodology for FQHCs/RHCs will conform to the BIPA 2000 requirements Prospective Payment System.

X The payment methodology for FQHCs/RHCs will conform to the BIPA 2000 requirements for an alternative payment methodology. The payment amount determined under this methodology:

1. is agreed to by the State and the center or clinic; and
2. results in payment to the center or clinic of an amount which is at least equal to the PPS payment rate.

Until the PPS is calculated, the State shall continue to reimburse the core and ambulatory services provided in a FQHC/RHC under its current methodology: one hundred percent (100%) of reasonable cost as defined by the Medicare cost reimbursement principles as set forth in 42 CFR Part 413.

- t. Certified Pediatric nurse Practitioners and Certified Family Nurse Practitioners: according to negotiated fee schedule.
- u. Homemaker Services: standard fee per hour of services.
- v. Personal Care Services: standard fee per hour of service.
- w. Adult Day Care: standard fee per hour of service.
- x. Personal Emergency Response System: according to negotiated fee schedule.

TN. No. 01-010
Supersedes
TN. No. 92-16

Approved: 4-3-01

Effective Date: 1/01/01